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FORM D

SECTION D

MAR 0 8 2004 PUI

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

OTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

OMB APP	ROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated avera	ge burden

SEC USE ONLY						
Prefix	Serial					
	j					
DATE RECEIVED						
1						

hours per response.

155 BNIFORM	LIMITED OFFERING EXEM	PTION
Name of Offering (check if this is an amendment ar	nd name has changed, and indicate change.)	
Initial Sale of LLC member	ship interests	
Filing Under (Check box(es) that apply): Rule 504	Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing: New Filing Amendment		
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer		
Name of Issuer (check if this is an amendment and r	name has changed, and indicate change.)	04009929
Amzone Real LLC		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
871 Beaver Court, Fremont,		(408) 806-3500
Address of Principal Business Operations (if different from Executive Offices) Same	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		
acquistion, ownership, leas	sing and holding of rea	al property for investment
Type of Business Organization		
		please specify):
business trust limited part	nership, to be formed limite	ed liability company
	Month Year	X 18 0 0
Actual or Estimated Date of Incorporation or Organization Jurisdiction of Incorporation or Organization: (Enter two		mated MAR 10 200k
	Canada; FN for other foreign jurisdiction)	CIA '
GENERAL INSTRUCTIONS		THEMSON FINANCIAL
	· · · · · · · · · · · · · · · · · · ·	y as G w to a

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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1 of 9

	A. BASIC IDENTII	FICATION DATA		y 4 } 4,	
2. Enter the information requested for the following:	ert seet van 12 maart 2000 van 1900 va Van 1900 van 1900 va		5 3 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
Each promoter of the issuer, if the issuer has bee	n organized within	the past five years:			j. 1 400
Each beneficial owner having the power to vote or	-	•	of, 10% or more of	a class	s of equity securities of the issuer.
Each executive officer and director of corporate	_	-			
Each general and managing partner of partnershi			agang paranete ex l		p
- Lack general and managing parties of parties of	p 1334013.				
Check Box(es) that Apply: Promoter X Bene	ficial Owner 🔀	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if individual)					
Ahzar, Salman	•				
Business or Residence Address (Number and Street, City	, State, Zip Code)				
871 Beaver Court, Fremont	, CA 94539)			
Check Box(es) that Apply: Promoter X Bene	ficial Owner	Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if individual)					
Zulfiqar, Arif					
Business or Residence Address (Number and Street, City	, State, Zip Code)				
8708 Eggert Drive, Betheso	da, MD 208	317			
Check Box(es) that Apply: Promoter Bene	ficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if individual)					
Mustafa, Harris					
Business or Residence Address (Number and Street, City 871 Beaver Court, Fremont,					
	ficial Owner	Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if individual)					
Azhar, Wasim					
Business or Residence Address (Number and Street, City	, State, Zip Code)				
871 Beaver Court, Fremont,	CA 94539		_		
Check Box(es) that Apply: Promoter Bene	eficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if individual)					NO.012-01-20-20-20-20-20-20-20-20-20-20-20-20-20-
Hann, Brian		_			
Business or Residence Address (Number and Street, City	- ·				
8985 Alcosta Boulevard - #	175, San 1	Ramon, CA			
Check Box(es) that Apply: Promoter Bene	eficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if individual)					
Business or Residence Address (Number and Street, City	, State, Zip Code)				
Check Box(es) that Apply: Promoter Bene	eficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if individual)					
Business or Residence Address (Number and Street, City	, State, Zip Code)				

	Tw 	10.45			B. I	FORMAT	ION ABOU	T OFFERI	NG	•				
1.								Yes 🔀	No					
1.	Answer also in Appendix, Column 2, if filing under ULOE.						••••••	LXi	Ш					
2.	What is	the minim	um investm					-			••••	\$ <u>15</u>	.000	
2	.	سد در			c ·	1 '.0						Yes	No	
3. 4			permit joint											
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.							he offering. with a state							
Ful	I Name (Last name	first, if indi	vidual)										
Bu	siness or	Residence	Address (N	umber and	d Street, Ci	ty, State, Z	ip Code)							
		1 . 15	 	•										
Nai	me of As	sociated Br	oker or Dea	iler										
Sta			Listed Has						,					
	(Check	"All States	" or check	individual	States)	•••••		***************************************		••••••	••••••	All States		
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR	
Ful	II Name (Last name	first, if indi	vidual)					· ·	····				
Bu	siness or	Residence	Address (N	lumber an	d Street, C	ity, State,	Zip Code)							
Na	me of As	sociated Br	oker or Dea	ıler										
Sta	tes in Wi	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers							
	(Check	"All States	" or check	individual	States)	•••••	***************************************	••••••	•••••			☐ All	States	
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR	
Ful	l Name (Last name	first, if indi	vidual)										
Business or Residence Address (Number and Street, City, State, Zip Code)														
Name of Associated Broker or Dealer														
Na	me of As	sociated Br	oker or Dea	nier										
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers														
(Check "All States" or check individual States)							All	States						
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	1	A ggragata	4	mount Already
	Type of Security		Aggregate fering Price	A	Sold
	Debt	\$	0	. \$_	0
	Equity	\$	00	_ \$_	0
	Common Preferred				
	Convertible Securities (including warrants)	\$	00	_ \$_	0
	Partnership Interests	\$_	0	_ \$	0
	Other (Specify LLC membership interests	<u>\$_1</u>	00,000	\$_	100,000
	Total	<u>\$_1</u>	00,000	\$_	100,000
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	r	Number	Ι	Aggregate Dollar Amount
			Investors	_	of Purchases
	Accredited Investors		4	\$_	85,000
	Non-accredited Investors		1	. \$_	15,000
	Total (for filings under Rule 504 only)		5	\$_	100,000
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
	Type of Offering		Type of Security	I	Dollar Amount Sold
	Rule 505		·	\$_	
	Regulation A			\$_	
	Rule 504			\$_	
	Total			\$_	
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		[\$_	0
	Printing and Engraving Costs		[] \$_	0
	Legal Fees		X	\$_	1,000
	Accounting Fees	·•••] \$_	0
	Engineering Fees		<u> </u>] \$_	0
	Sales Commissions (specify finders' fees separately)		F] \$_	00
	Other Expenses (identify)			\$_	0
	Total			. – 1 \$	1,000

	C. OFFERING PRICE, NUMI	BER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds: 1 the issuer."	Question 4.a. This difference is the "adjusted gross		\$ <u>99,000</u>
5.	Indicate love the amount of the adjusted gross proeach of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees] \$	\$
	Purchase of real estate]\$	\$99,000
	Purchase, rental or leasing and installation of mac	hinery		
	and equipment			
	Construction or leasing of plant buildings and fac	_] \$	
	Acquisition of other businesses (including the val offering that may be used in exchange for the asse issuer pursuant to a merger)	ets or securities of another	٦\$	□ \$
	Repayment of indebtedness			_
	Working capital	-	_	
	Other (specify):		_	
				\$
	Column Totals]\$	\$
	Total Payments Listed (column totals added)		'≥\$	99,000
		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	nish to the U.S. Securities and Exchange Commiss	sion, upon writte	
Iss	uer (Print or Type)	Signature 1 8000	Date	
	AMZONE REAL LLC		3-2	-04
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)		
	SALMAN AHZAR	MANAGER		

- ATTENTION -----